

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4797

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McMahon Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community Many years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna LAVAN

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Patrick J. Lavan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 22, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 29 hr. min.

9. Birthplace Cedar Rapids, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furrier

11. Industry or business Shukert Fur Company

12. Name John Foley

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Burns

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Wooldridge

(b) Address 315-28th Ave., No. K. C., Mo.

17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 11-24-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5732 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1948 hour 7 minute 58 P. M.

21. I hereby certify that I attended the deceased from Nov 21, 1948,
that I last saw her alive on Nov 21, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

G. B. Rector (Specify type of place) While at work (e) Means of injury

23. Signature G. B. Rector (M. D. or other) Address 1269 p.m. Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

L. Rector

7204 Prospect

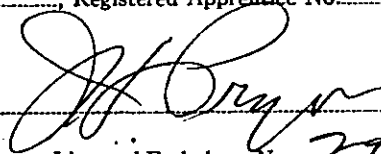
St. Louis,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2299

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.